

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
PUBLIC AFFAIRS

14 OCT 15 PM 5:33

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**
Alison for Kentucky

ADDRESS (number and street) **340 Democrat Drive**

☐ Check if different than previously reported. (ACC) **Frankfort** **KY** **40601**
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C **C00547083**

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

KY

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☒ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)
Election on ☐ / ☐ / ☐ in the State of ☐ This report also covers the semi-annual period ☐ See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ This report also covers the semi-annual period ☐ See Line 6(b)
Election on ☐ / ☐ / ☐ in the State of ☐

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers ☐ / ☐ / ☐ through ☐ / ☐ / ☐ and/or ☐ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

34514.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Robert C. Stiltz III**

Signature of Treasurer

Robert C. Stiltz III

Date

☐ / ☐ / ☐

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Use
Only

FEC FORM 3L

02/2009

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